



REQUEST FOR VOLUNTARY WITHDRAWAL MOTOR CARRIERS OF PROPERTY PERMIT

(Please type of print)

CA #

NAME OF CARRIER

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

The carrier listed above, requests to voluntarily withdraw the authority to transport property in California under the CA number listed above effective _____ .

The above carrier understands that authority may be reinstated at any time upon filing a new application (DMV 706) and a certificate of liability insurance and workers' compensation insurance if applicable.

DATE

SIGNED AT (CITY)

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME OF AUTHORIZED REPRESENTATIVE

Please mail this request to:

**Department of Motor Vehicles
Motor Carrier Permit Branch MS G875
P. O. Box 932370
Sacramento, CA 94232-3700**